No.300	II			VISION OF HE					က်လ	En a
10.48	FILED SEP 1	2 1951	STAND	ARD CERTIF	ICATE O	F DEATH	St	ste File No	40 .	DY4
10.40	BIRTH NO.		_ REG. DIST.	ю. <u>219</u>	PRIMARY REG			gistrar's No	76	<u>62</u>
0	I. PLACE OF DEA a. COUNTY	тн			2. USUAL a. STATE	Missour	. h f	lived. If ine	litution: resi	dence before admission).
	b. CITY (If outside cor OR TOWN S†.	ØR ØWN	outeide corporaté limit St. Loi	ts, write RURA	L and give town	216	9			
RECORD	d. FULL NAME OF (I HOSPITAL OR INSTITUTION	ADDRESS		e Pes	talozz	i St.				
	3. NAME OF DECEASED	a. (First)		o, (Middle)	e (Li	•	4. DATE OF DEATH	(Month)	(Day) 28	(Year) 1951
ENT	(Type or Print) 5. SEX	Lawrence	1.7. MARRIED	M. NEVER MARRIED.	O'TOO		•	years IF DEER	1 YEAR 17 1	MOER 21 HRS.
[AN]	Male	white-	<u>marı</u>		Nov 2	4 1962 ACE (State or foreign	48	4 /		Min.
PERMANENT	10a. USUAL OCCUPATIO done during most of workle CUPPLES M	ag life, even if retired)	Mill	BUSINESS OR IN- DUSTRY FOR OMAN	ł.	Louis,		0	COUNTR	N OF WHAT
P4 .	13a. FATHER'S NAME		136. MOTHER'S MAIDEN					OF HUSBAND OR WIFE		
◀	James C	Toole.		Helen Hel	mbache	r l	Cather	ine O'	Toole	€
MAKE	15. WAS DECEASED EVE		FORCES? 16.	SOCIAL SECURITY NO.	17. INFOR	mant's sign herine O		_		DRESS
Ā	MEDICAL C					ERTIFICATION INTERVAL BETWEEN				
INK-	18. CAUSE OF DEATH Enter only one course per line for (a), (b), and (c) Inter only one course per line for (a), (b), and (c)								ONSET A	ND DEATH
CK	This day not many ANTECEDENT CAUSES									
BLAC	the mode of dying, such Morbid conditions, if any, giving DUE TO (b) Type of the above cause (a) stating							·	-	
	etc. It means the dis- ease, injury, or complica-	the undertying co						4		
DING	tion which caused death.	II. OTHER SIGNI	FICANT CONDIT buting to the death ase or condition co	but not						
UNFADING	19a. DATE OF OPERA-	19b. MAJOR FIN			· · · · · · · · · · · · · · · · · · ·			 	20. AUTO	
	21a. ACCIDENT SUICIDE HOMICIDE	(Specify)		LJURY (e.g., in or about r, street, office bldg., etc.)	21c. (CITY, T	OWN, OR TOWNSH	IP)	(CONNLA)		ATE)
—USING	21d. TIME (Mossth) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK AT WORK								33	11
PLAINLY	22. I hereby certify that I attended the deceased from fuly 12, 1951, to Aug 25, 1951, that I last saw the deceased alive on Aug 27, 1951, and that death occurred at 6:10 Am., from the causes and on the date stated above.									
3 PLA	200 SIGNATURE	hot o la	ully,	(Degree or title)	3720 W	arbington	Blub. S	T. Louis	23c. DAT	E SIGNED
WRITE	24a. BURIAL. CREMA TION REMOVAL (Buelly BUTIAL ()	Aug. 3	*1	NAME OF CEMETER Resurre	ction C	em. St	Loui	s Cour		(State)
>	AUG 2 9 REG	REGISTRAR'S	-	THE WID	25. FUNERAL	k Bros		S Gr	and B	lvd
•	(Licensed Embelmer's Statement on Reverse Side)									

I hereby certify that the body whose name is recorded on the reverse side of this	certificate was embalmed by me, or by
₹	Student Embalmer No.
working under my personal supervision.	

. Signed JAM Heller

Licensed Embalmer No. 30

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

Student Embalmer

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.